

NEW PROGRAM DIRECTOR ATTESTATION

Name of Program Director: _____

Residency/Fellowship Program: _____

Department: _____

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I will maintain board or subspecialty certification for the duration of my appointment as a Program Director

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I have read the attached letter from my Chair and agree with the terms of the appointment

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I have and will continue to be knowledgeable of the RRC Common Program Requirements, Specialty Program Requirements and Program Director Requirements as found on the ACGME.org web site.

Signature: _____

Date: _____